Iowa Department of Human Services

Children's Disability Services Workgroup Final Report

December 10, 2012

Table of Contents

Introduction

States across the country work hard to support children and youth[1] and their families. Not only do they facilitate access to the things that all children need to develop, such as education, they are also called upon to ensure that children with a variety of challenges and disabilities get the services and supports they need to reach their optimal potential. These challenges include, among others, mental health challenges, child abuse and neglect, substance abuse, intellectual disabilities, developmental disabilities and special health care needs. Iowa, like most other states, has evolved its system in a way that, at present, is imbalanced. The result is that not all children get what they need in their home and communities.

The Children's Disability Services Workgroup is concerned that all children, regardless of where they live, can access the services and supports they need. With this goal at the forefront, the workgroup is committed to building such a system in a realistic, thoughtful manner. So, while the initial focus of the system will be children with a serious emotional disturbance (SED) and children with an SED and a co-occurring disability, the intent is to build the system out to include all children, particularly those with intellectual disabilities, developmental disabilities, special health care needs and other related challenges.

2012 Children's Disability Workgroup Recommendation

The workgroup recommends that a statewide comprehensive system of care be accessible to all Iowans.

The system of care is defined as a child and family-driven, cross-system spectrum of effective, community-based services, supports, policies, and process for children birth-young adulthood, with or at risk for physical, emotional, intellectual, behavioral, developmental, and social challenges and their families that is organized into a flexible and coordinated network of resources, builds meaningful partnerships with families, children and young adults, and addresses their cultural and linguistic needs, in order for them to optimally live, learn, work, and recreate in their communities and throughout life.

While there are a few pockets of systems of care models in Iowa that show great promise, they are not available across the state and they are not available for many children who are challenged by disabilities other than mental health. This system would build upon what has worked in these communities as well as introduce specialized health homes, where planning for and implementation is currently underway.

In order to fully plan and execute a comprehensive and inclusive mental health and

[1] "Child" or "children and youth" means a person or persons under 18 years of age.

disability services (MHDS) system[2] for children and youth, the workgroup **recommends** the following:

Create, through legislation, a state level Iowa Children's "Cabinet" that will provide guidance, oversight, problem solving, long-term strategic thinking, and collaboration led by Department of Human Services and includes representatives of child serving agencies and local systems as they create specialized health homes and build out from serving a discrete population to a comprehensive, coordinated system for all children.

Iowa Children's "Cabinet" Charge

The Iowa Children's "Cabinet" will promote optimal, holistic, well-being to all children in Iowa. It will be a cross-system partnership that works to achieve long and short-term outcomes for children in all domains of health including physical, mental, intellectual, developmental and social. Families, agencies, disciplines and others will partner to build and oversee implementation of a successful children's system that starts with quality, effective, specialized health homes and evolves to a comprehensive and coordinated statewide children's system.

Iowa Children's "Cabinet" Responsibilities

Specific responsibilities of the Iowa Children's "Cabinet" include, but are not limited to:

- Set expectations regarding quality for cost, growth and outcomes for health homes;
- Develop performance criteria, monitor and hold specialized health homes accountable;
- Gather information and understand how the system is working across the state on the local level;
- Resolve tensions inherent in complex and diverse systems and problem solve;
- Ensure the system continues to evolve to include more children and families through process improvement methodology;
- Understand and manage costs for the system;
- Ensure services are evidence-based;
- Provide guidelines around the array of services that are delivered at the local level with enough flexibility to tailor the supports to local resources and population;
- Population management - ensure that, in addition to children and families of focus doing well - the entire population is doing well; and
- Implement strategies that would decrease further involvement in higher level services.

The following chart represents the recommended governance structure for this first phase of implementation. There is a state level that includes family representation, community representation and all of the state level agencies that serve children and families. As the system grows more complex, more diverse members will be needed.

[2] "Children's system" or "mental health and disability services system for children and youth" means the mental health and services system for children and youth.

For Illustrative Purpose Only

Chart 1: IOWA System for Children

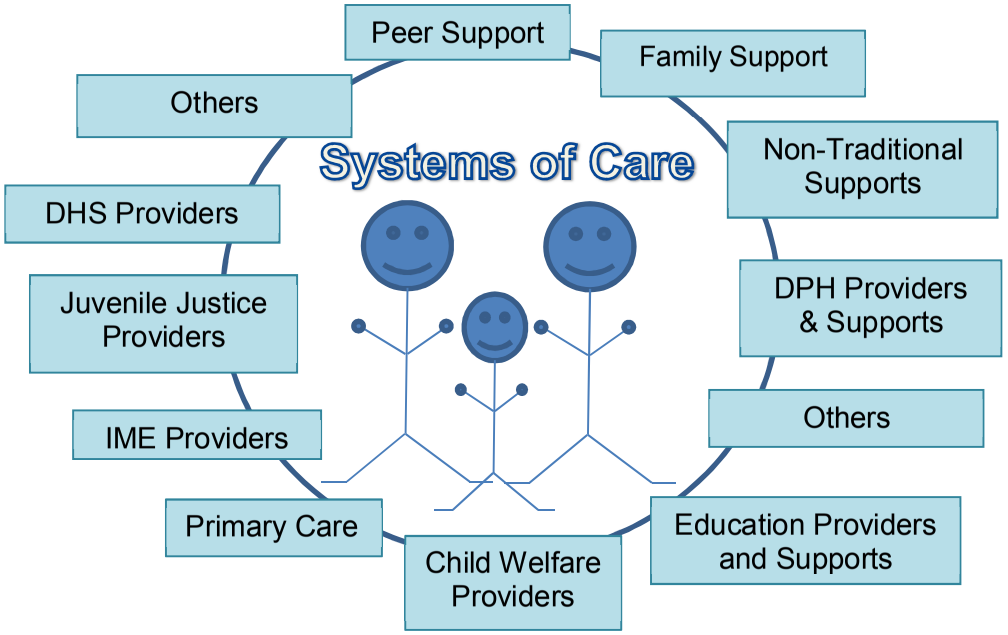
Iowa Children's "Cabinet" Members

- Dept. of Human Services (DHS)
- Family/Caregiver Representation
- Judicial Districts
- Providers
- Dept. of Public Health (DPH)
- Community Representation
- Dept. of Education
- Early Childhood Iowa

The Iowa Children's "Cabinet" Collaborates with DHS

↓

Accountable Care Organizations or Care Management Entities Oversees "Wraparound Services & Supports



Membership
The Iowa Children's "Cabinet" will include between 12 and 15 members that will serve on the group:

- The directors of the children's serving agencies, including the Department of Human Services, Department of Education and Department of Public Health;
- Family/caretaker representatives;
- Iowa state Legislators;
- Community level providers;
- A community stakeholder that is not a child disability service provider; and
- Remaining members will be invited at the discretion of the chair of the group.

Leadership
The Department of Human Services ("Department') will chair the Iowa Children's "Cabinet". The chair has administrative responsibility for the group, and will invite the members, set the agenda with input of the members, draft and keep minutes and report to the Legislature.

Implementation
The first phase of implementation will focus on establishing health homes consistent with the State Plan Amendment submitted to the Federal Center for Medicare Medicaid Services and for which resources have already been allocated. This first phase of building the comprehensive community system of care will begin with the specialized health homes to provide care coordination, case management, family navigation, family and peer support services and other related and important services for children with an SED who are eligible for Medicaid. Specialized health home services are available for the most complex and hard to treat children including those with an SED and those with co-occurring disorders including an SED and intellectual and/or developmental disabilities, an SED and special health care needs and an SED and substance use disorders.

Health homes are consistent with system of care in that they:

- Build alliances with various professionals who support children and families;
- Provide children and families with services and supports they need, and maintain a balance with what the system can provide;
- Include different levels of care coordination to meet the different levels of need for children and families;
- Involve multiple agencies and other partners; and
- Both blend a medical model with a social service model.

The Department will determine the criteria to designate a specialized health home that includes the number and geographic distribution. As the system expands to include a broader percentage of the population, the Iowa Children's "Cabinet" will work collaboratively with key state and local stakeholders to determine future distribution of the system.

As the system evolves, it should be to support children with an SED and co-occurring

disorders who have private payers. Building on the best practices of specialized health homes for children with an SED and co-occurring disorders, the system will eventually evolve to include children with mental health, behavioral, intellectual, developmental and physical challenges. Ultimately, community-based systems of care for children will have a coordinated approach to promoting and supporting optimal health in all of the dimensions that lead to overall health and well-being.

Evaluation
While the system is focused on the creation and implementation of the specialized health homes, the Department will be responsible for evaluation. This data will be used to decide upon the pace and scope of the evolution to a comprehensive system of care for all children. The evaluation will address process, structure and child and family outcomes.

Background

In 2008, the Iowa General Assembly passed code 225C.51-54 designating the Department as the lead agency responsible for developing, implementing, overseeing and managing the mental health and disability services (MHDS) system for children. Based upon national data and the experience of a Substance Abuse and Mental Health Services Administration funded system of care in Northeast Iowa called the Community Circle of Care, the Department adopted the systems of care approach as the system model to pursue in communities across Iowa. Also in 2008, the Department issued a request for proposal to fund community-based systems for children's mental health using a system of care model.

My name is Henry and I am from Northeast Iowa. I was about 7 years old when I first got involved in the mental health system. At that time, I was hospitalized for one week. Over the next few years, I had over 16 placements throughout the state of Iowa and over nine different diagnoses were added to my chart. In 2008, my family was told that no program in Iowa would accept me, so I was placed in Utah for about 10 months. If I were given the opportunity to talk directly to individuals who can help kids stay in their community, I would say please help youth stay close to home. The farther you are away, the harder it is for your family to visit, which can make you more depressed. You feel detached and it makes treatment even harder.

Over the years the state has worked to provide services and support for children in Iowa, and individual agencies have increasingly focused on the population of children they have a mandate to serve; however, there is still disequilibrium in the system. The Department, in partnership with other agencies, organizations and stakeholders, has made consistent efforts over the last 15 years to develop comprehensive, community-based MHDS systems for children and families in Iowa to respond to this imbalance. These initiatives support the state's *Olmstead Plan* to ensure each child has timely access to the full spectrum of needed supports and services.

In 2011, the general assembly enacted legislation directing the Department to lead a redesign of the MHDS system including

children's mental health and disability care. While there was a specific directive to increase the ability for children who were placed out-of-state for care to find appropriate care within their communities, it was not the exclusive focus. The Children's Disability Services Workgroup worked in 2011 to address the gaps in Iowa's services for children with disabilities and their families. They also reviewed models of care in place across the country.

This redesign initiative is a statewide effort to rebalance a system that was spending significant amounts of financial resources on a few children with outcomes that were not ideal. As the comprehensive system is implemented and children receive more appropriate and cost efficient care, these funds will be allocated to achieve Iowa's goals for children across the state.

When the 2012 workgroup began to meet in August, significant efforts had been made to keep children with complex needs in Iowa for services. The decision had been made to apply for a specialized health home (through a State Plan Amendment for Medicaid). The specialized health home would provide funds for care coordination, family navigation services and other supports that have been traditionally difficult to fund, and yet important to meeting complex, multi-system needs of children and their families allowing them to live successfully in their home community. The initial phase of specialized health homes would be available to individuals covered by Medicaid with an SED. It is on this foundation that the workgroup hopes the state will build a comprehensive and coordinated system that is accessible to all of Iowa's children and families, provides core services, is governed by a state children's system group, and can be tailored to the unique needs and resources of Iowa's local communities, counties and regions. Specialized health homes can deliver services using system of care principles.

This report offers a foundation of 2011 recommendations, a summary of work done in the interim, some helpful background information on systems of care in Iowa, and recommendations for continuing the work.

Overview of 2011 Workgroup Charge

The original charge to the workgroup from the Legislature was to redesign the publicly funded children's disability services including, but not limited to, the needs of children who are currently placed out-of-state due to limited treatment options in Iowa's communities.

In December 2011, the Department submitted a report to the Legislature based on the work of the Children's Disability Services Workgroup. This report included an analysis of gaps in the children system; a review of promising practices in mental health and disability services; initial recommendations for implementing an interim set of care services; a proposal for bringing children home from out-of state placements; a review of children and family outcomes; and a plan for the next stage of work for the workgroup. The initial recommendations of the group, which were adopted during the 2012

Legislature, are as follows:

1. Institute a system of care framework for children's services in Iowa;
2. Develop and roll-out a set of core services across the state:
   a. Intensive care coordination;
   b. Family peer support; and
   c. Crisis services.
3. Allow more flexibility in Psychiatric Medical Institution for Children (PMICs) services as a key resource in keeping children in state and ensuring that out-of-home placements have a purpose.
4. Use the health home model of service delivery.
5. Create a strategy for bringing children back to Iowa from out-of-state.

Overview of 2012 Workgroup Charge

Building on the work of the 2011 workgroup, the charge for the work in 2012 was to develop an implementation strategy for a statewide, publicly funded, integrated service system for children and families that ensure children with mental health needs and intellectual and developmental disabilities receive essential services.

On-going Efforts to Build a Community-Based System of Care

For many years, Iowa has had a fragmented children's service system. Although there were mental health and disability services for children in Iowa, access was not consistent statewide and was typically limited by location, family resources and/or the insurance status. Families with children who were uninsured or underinsured had the least access to services in the home, school or community. Families were often left on their own to find services; service options were limited; parents did not know how to access what was available for their child; and there was no agency in many communities to be responsible to help them. In addition, mental health services for children and their families in Iowa were not integrated and coordinated with other aspects of the services network such as education, child welfare, juvenile court service, primary health care, substance abuse or other services. The juvenile justice and/or child welfare systems had become the mental health systems of "default". This caused unnecessary burden and cost to those systems and also did not adequately meet child and family needs.

In response to the fragmented system, the Department issued an RFP for community-based systems of care. Citing several strategic planning efforts that had been undertaken since 1997, Iowa identified the need and critical importance of creating a community-based MHDS system for children. Most notable of these efforts is the 2006 report to the Mental Health and Disability Services Commission[3]. The 2006 report proposed that Iowa develop a framework for a system of care that builds formal linkages among all the many disparate elements and funding sources to reduce gaps in services for children and their families and increase service options and flexibility. The report

[3] 2006 Report of the Children Oversight Committee

recommended that the new system be guided by agreed upon principles and values with a strong statewide infrastructure that includes oversight and accountability for the system.

My name is Caroline and I am 18 years old. Growing up was difficult and when I was younger, the word "no" was a constant trigger. I would have horrible fits and was first hospitalized for my mental health when I was 8 years old. In school, I was made fun of and I had a hard time socializing. It was hard to make friends because I was constantly moving to different out-of-home placements. At the age of 16, I was told that no program in the state of Iowa would accept me, so I was placed out-of-state and spent a year in a treatment facility in Missouri. When I was 17, I graduated from that program and was sent back to Iowa to yet another treatment facility. Finally, the day before my 18th birthday, I was released to live on my own in my home community. With lots of services and supports, I have been living on my own for almost a year. I now have my own apartment. I have some help with cleaning, money management and medication and I see a counselor and psychiatrist. Staff from Community Circle of Care continues to help me and my family meet other youth and families. I am finding out that there are lots of other youth out there like me. It is important to help kids stay near their families. Now that I can live in the community I finally feel like I can be myself.

The three core values and 10 guiding principles of the systems of care as adopted by the Department for the development of the MHDS system for children and their families are:

Table1: 10 Guiding Principles of the Systems of Care

CORE VALUES		
Child-centered, family focused, and family driven	Community-based	Culturally competent and responsive
GUIDING PRINCIPLES		
Service coordination or case management	Prevention and early identification and intervention	Smooth transitions among agencies, providers, and to the adult service system
Human rights protection and advocacy	Nondiscrimination in access to services	A broad array of comprehensive services should be made available
Individualized service planning	Services in the least restrictive environment	Family participation in ALL aspects of planning, service delivery, and evaluation
Integrated services with coordinated planning across the child-serving systems.		

Community Systems of Care in Iowa
Community Systems of Care for children's mental health exist in Iowa due to grassroots community-based efforts that have received state and federal funding.

Community Circle of Care (CCC) is an existing community-based system of care for children and families in the northeastern counties in Iowa. It began as an initiative sponsored by the Substance Abuse and Mental Health Services Administration. These federally funded sites are intended to be pilots to learn more about the models of systems of care that lead to good outcomes for children. They are by their nature geographically limited and only focus on a small part of the population. Any lessons learned from these systems would have to be tailored to reach a broader population. Over the 6-year project period, the state match contribution increased, as the federal portion decreased. Due to the successful child/family and community-centered outcomes of this project, a state appropriation has been devoted to CCC to continue the system of care services in northeast Iowa. With the completion of the federal grant support, sustainability of the system will be supported through a blended fiscal model.

This mission of CCC was to build a community-based, comprehensive, family and child driven system of care that is fluid and flexible, while blending best practices with the needs, wants and preferences of the child and family. CCC has improved mental health services through collaboration among partners by maximizing resources. CCC continues to enhance and improve the system in northeast Iowa in a collaborative model.

CCC has been instrumental in the development of local partnerships with primary medical care providers, mental health providers, decategorization boards and other community organizations in order to increase awareness about the need for mental health services in Iowa. Through these collaborations, CCC has been able to improve the system for children and families through increased accessibility, early identification and intervention, community education, workforce development and systems building.

The program has provided local and statewide training in the areas of system of care values and issues related to mental health challenges. CCC has also collaborated with many community partners to co-sponsor training events that attract participants from across Iowa. Recent trainings have included Mental Health First Aid (for youth and adults), Bridges out of Poverty and Trauma Informed Care.

A comprehensive chart review of 1,354 children enrolled in CCC, found that in the absence of CCC services, 773 children (57 percent) would have received more costly and restrictive services such as out-of-home placement and involuntary committal. In addition, child and family level outcomes improved: among children receiving services for at least 12 months, 46 percent showed improvement in school attendance and 40 percent showed improvement in school performance; caregivers perceived that their child's functioning improved from 33 percent at baseline to 58 percent at the first re-assessment; and fewer caregivers reported missing days from work due to their child's behavioral or emotional problems.

The ***Central Iowa System of Care*** (CI-SOC) began serving families on October 26, 2009. Since that time, 186 children with an SED in Polk/Warren Counties have been served. CI-SOC has been effective in preventing higher level placement and treatment when children have identified mental health issues that are affecting them at home, school and in the community.

This project utilizes a wraparound approach with families, where the family is the expert on their child and chooses the direction they believe is most helpful. The care coordinator from this project is intensely involved with the family, often having weekly contact with the family as well as contact with providers when needed to assess progress on the plan developed at the wraparound meeting and seeks to meet needs of the family. In addition to coordinated services through wraparound meetings, the CI-SOC bridges gaps in needs for families through funding to provide for non-insurance covered services, respite and physical needs such as a lock box to store knives or door alarms to notify the family if a child is running away during the night.

CI-SOC has helped prevent 34 children who would have been in a Psychiatric Medical Institution for Children (PMIC) and seven in comprehensive level group foster care from going to those higher levels of treatment or care. The project served another 35 children who were on a projected path toward residential treatment but were not at imminent risk for that level of treatment during the year. Coordinated early intervention services ensured that issues did not escalate to the point of requiring more intensive out of home services.

In 2012, **Four Oaks** was awarded a contract by the Department to develop a wrap-around system of care to serve 30 children with an SED and their parents in Linn and Cerro Gordo Counties. As of September 2012, 30 children were enrolled in the program. Four Oaks has preliminary data that demonstrates promising outcomes for children in, or at risk of, a PMIC placement such as shortening lengths of stay in a PMIC, diverting from PMIC placement and improving mental health functioning.

Project LAUNCH (Linking Actions to Unmet Needs in Child Health) is a Substance Abuse and Mental Health Services Administration funded project focused on building strong systems and communities to support the mental and social health of young (0-8 years of age) children. The geographic service area is a designated are of inner Des Moines. Project LAUNCH began in 2009 and its funds are used to provide direct services to families and to build system infrastructure. There is a statewide advisory committee addressing the development of a sustainable, systematic community-approach to promoting social, emotional and behavioral health for Iowa's young children and their families.

Overall goals are to:

- Build infrastructure to increase capacity and integration of children's mental health services into Iowa's early childhood system of care;
- Deliver family-centered, evidence-based services for children living in targeted community and at-risk for poor social-emotional outcomes; and

- Promote sustainability and statewide spread of best practices for system development.

Project LAUNCH adopted a system of care philosophy in its service delivery. This model recognizes the importance of the child's family and school community, as well as addresses the child's emotional, intellectual, cultural and social needs. In choosing a system of care approach, Project LAUNCH stresses prevention and early identification and intervention.

Keeping Children in Iowa and Iowa Specialized Health Home State Plan Amendment Progress

In the first six months of 2012, progress was made on two fronts: reduction of out-of-state placements, and development of specialized health homes.

Addressing Out-of-State Placements

Children in out-of-state placements have less interaction with their families and families have difficulty actively participating in treatment that is far away. Children can become disconnected from their families, as well as their community, and this can disrupt treatment progress. Out-of-state placements can also be very costly, as much as twice as high as in state care.

Magellan took over the authorizations of all PMIC stays, in state and out-of-state, effective July 1, 2012. Magellan is committed to building an evolving, long term relationship with children's mental health providers, including PMIC and system of care providers that will lead to system change.

Magellan has partnered with the Department and Iowa's children's mental health experts, including PMIC and system of care providers. A PMIC Clinical Leadership Workgroup was formed in 2012. The group is comprised of: PMIC clinical directors, the Community Circle of Care project director, the Central Iowa System of Care project director and DHS-Medicaid and field staff. Magellan staff convenes and facilitate the meetings. The purpose of the workgroup is to develop viable plans to help keep children closer to home with appropriate services while avoiding out-of-state placements. The group suggests creative approaches to care for these complex children using a family centered approach through a system of care framework.

From August 2012, when the group formed until present, the group has received 30 requests for children to be placed out-of-state. Through "high touch" conversations, an effort to understand the individual needs of the child, and an effort to offer an enhanced array of family centered services, 28 children have been cared for in Iowa, resulting in a diverted placement out-of-state. Part of this effort includes supporting providers in PMICs in Iowa with extra training and technical assistance to care for children who might otherwise go out-of-state as well as improved coordination and family navigation of community resources through a system of care philosophy. This extra support has been a critical factor in keeping children in state.

Creation of Specialized Health Homes
The first Medicaid State Plan Amendment (SPA) for a primary care health home became effective July 1, 2012 and is currently being implemented. The second Medicaid SPA for specialized health homes expands on the health home model; it will be centered on the population of children with an SED and adults with a chronic mental illness. Development of the specialized health home began in August 2012. The specialized health home as envisioned will be consistent with the systems of care model. It is anticipated that this health home will be effective in the spring of 2013.

Through the specialized health home, patient and family members can expect better coordination and management of the complex care required for children with an SED. They will have help navigating the complex, multiple systems, be an equal partner in the decision making around their care and have access to a wider array of appropriate services.

The reimbursement provisions of the specialized health home will allow providers to practice in a more proactive and coordinated manner. Better communication, coordination and support will allow for better outcomes for children and families. The state is expected to benefit from improved health of a segment of the population that has Medicaid coverage and significant, complex health challenges.

Current Status of Iowa's System

The workgroup developed the following vision for Iowa's children's system of care:

Vision: *All children in Iowa have access to an integrated system of coordinated services and supports they need in their communities to successfully reach their optimal potential.*

- Across the state there will be a broad, comprehensive children's system that includes all children with special focus on those with or at risk for mental health, intellectual disabilities, developmental disabilities or special health care needs.
- This system will break down existing silos among child-serving agencies and create a seamless transition to the adult system.
- A state level group will connect the silos and ensure statewide access to the system of services and supports.

State level agencies have a demonstrated commitment to our Iowa's children. In order to best improve this system, existing and new collaborative partnerships, with both public and private entities, need to be expanded and strengthened. The creation of a formal infrastructure or system at the state level needs to occur. At present, there is both political will and a financial incentive to change the care system and create a statewide system. Changing demographics, increasing family stresses and decreasing resources provide incentive to align the state's vision at the systems level, and to improve efficiencies and effectiveness of the delivery system and its services.

Poverty and diversity among children in Iowa are increasing. There are pockets of excellent providers and systems at the community level meeting some of the needs of children and families. In addition to providers, families and non-traditional partners have increased their involvement so that children can stay in their communities. However, the multiple ways in which state programs and agencies define their populations of focus continue to promote a fragmented approach that hinders cross sector communication. Additionally, the disparities among communities in funding, resources and services create uncertainty among individuals and their families.

Below are the results of the strengths, weaknesses, opportunities and threats (SWOT) analysis of the current children's system in Iowa:

Table 2: Iowa Children's System of Care SWOT Analysis

SWOT	State Level	Local Level
Strengths	Statewide partnerships (including public/private), collaborative experience and commitment with some financial resource.	There are pockets of excellent providers, providers and systems.
Weaknesses	Lack of people, infrastructure and "system," as well as fear and anxiety around change.	Hard to define populations of focus when population centers are varied. Services are kept in silos and communication among providers varies. Poverty and diversity among children are increasing.
Opportunities	Now is the time to create a new system – there is political will, resources and new models for care available.	Families and non-traditional partners are more involved so that children can stay in their communities where resources co-exist and are shared.
Threats	Demographics are changing, families are more stressed and the change needed is overwhelming especially in the face of a decrease in resources.	Disparities among communities in funding and services cause uncertainty causing communities and existing providers to feel that their identity is threatened.

Conceptual Framework for Expanding the System of Care

According to a 2011 Substance Abuse and Mental Health Services Administration report that studied the successful statewide implementation of systems of care in nine states[4], a conceptual framework for systems change has three interrelated components:

1. A set of principles;
2. An infrastructure (governance, financing, partnerships, planning, evaluation and quality improvement); and
3. Actual interactions with children and families at the service delivery level.

Additionally the following core strategy areas were identified: policy change, service design, finance reform, technical assistance, workforce development, community education and continued support.

A comprehensive system that is community-based and guided by a multi-sector/multi-system state group, such as an Iowa Children's "Cabinet," is the ultimate goal for children in Iowa. In order to achieve this, an ecosystem model should be adopted. At the center of the model (the microsystem) is the child and family; at the meso-system level community services and systems are addressed and at the macrosystem level, the state infrastructure and oversight will be created.

The workgroup decided upon an implementation strategy that addressed these system level components. The population for initial consideration will be vulnerable child populations, specifically children with an SED and their families and who are eligible for coverage through Medicaid. The community level strategy starts with creation of specialized health homes that offer care coordination, family navigation and integration of community service systems. This will evolve to the creation of a community system that supports all children in their natural environments.

To implement this system, an integrated coordinating entity, with the Department as the lead, will be developed in collaboration with Magellan and Iowa's system of care experts. The Iowa Children's "Cabinet" will provide oversight and guidance following the core strategies identified in the Substance Abuse and Mental Health Services Administration strategies report. At the local level, health homes will be the first part of the system to be implemented. As part of the Affordable Care Act, the Federal Center for Medicare and Medicaid Center Services offered funding to create primary and specialized health homes. The goal of these health homes is to expand the traditional medical home models to build linkages to other community and social supports, and to enhance coordination of medical and behavioral health care, in keeping with the needs of persons with multiple chronic conditions.

[4]"Effective Strategies for Expanding the System of Care Approach: A Report on the Study of Strategies for Expanding Systems of Care," Substance Abuse and Mental Health Services Administration, September 2011.

In order to reach that goal, Federal Center for Medicare and Medicaid Center Services expects the following:

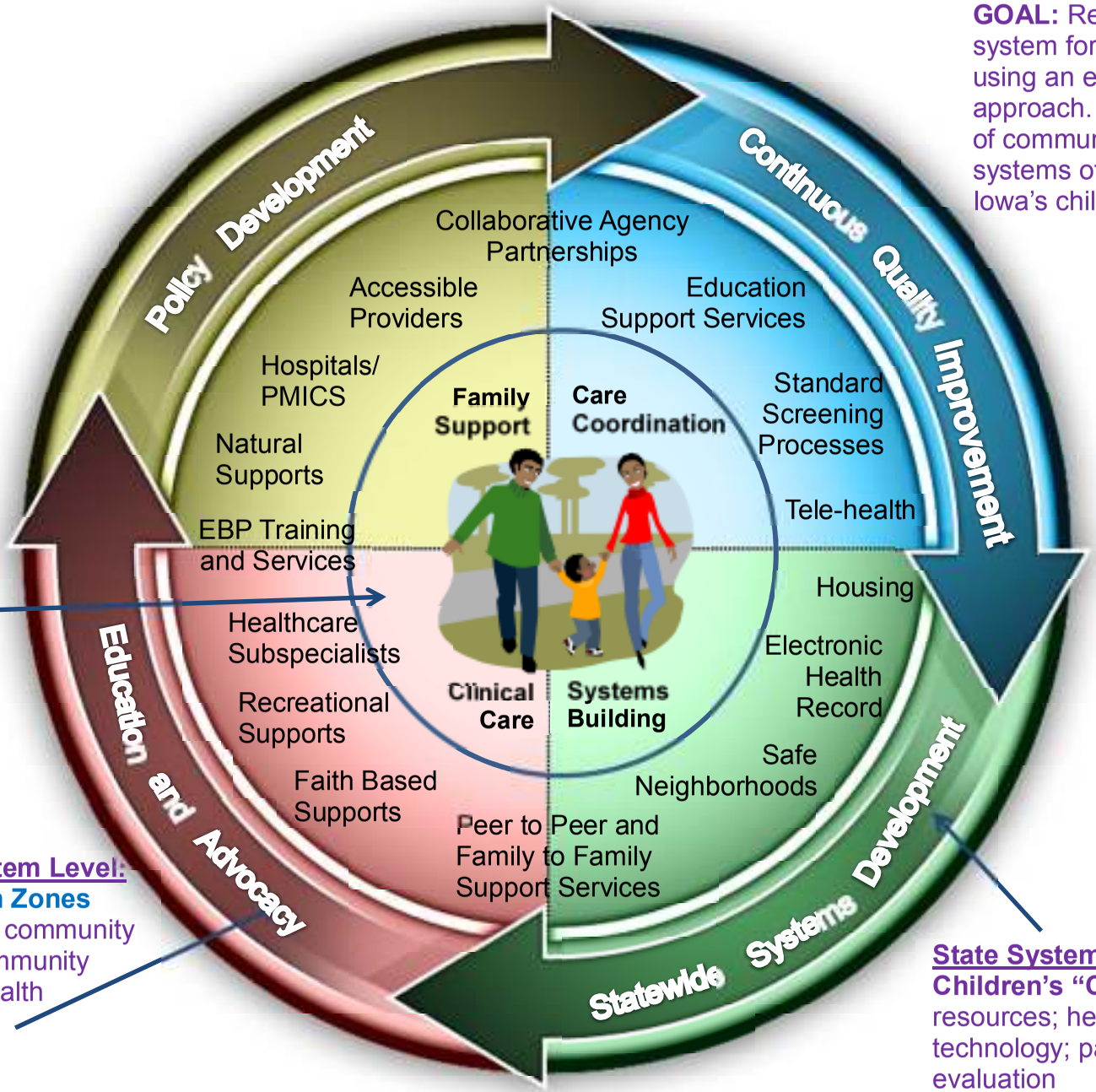
- Health homes will use a “whole person” approach;
- Health homes will coordinate within the community to provide access to health services, prevention and health promotion services and provide substance abuse services; and
- Health homes will achieve results that include lower use of emergency rooms, a reduction in hospital admissions, a reduction in health and mental health care costs, an improvement in care, quality of life and consumer satisfaction and improved health outcomes.

Given the opportunity to receive a 90-10 federal match for two years, the specialized health home is an opportunity for Iowa to pilot system of care strategies for children that have been discussed and implemented on a community by community basis for years, but on a larger scale. As data is gathered about the effectiveness of care coordination for this specific population of focus, the system can be integrated with other programs such as on-going community-based systems of care so that there is one system that provides a gateway for information, linkages and referrals and direct services for all children who need them (See Chart 2).

Iowa Medicaid Enterprise is currently the sole source of funding as the money for health homes from Federal Center for Medicare and Medicaid Center Services will fund 90 percent of the health homes for 2 years. The remainder of the funding supplied by the state has already been allocated by the Legislature. As the system builds to provide coordination services to a broader population of children and families, more and possibly pooled funding sources will become necessary.

The local distribution of health homes will be at the direction of the Iowa Medicaid Enterprise, who is committed to ensuring that children and families have access to health homes as close to their local communities as possible. The goals is that families will know where to access the health home; the health home will include providers that are accessible to every family; and core services are included in each health home. Through the work of the Iowa Children’s “Cabinet,” along with adequate funding, the health homes will grow to include more children and families, and the number and composition of health homes will grow through data-driven and strategic implementation.

Chart 2



GOAL: Redesign Iowa's system for children, using an ecosystem approach. Local zones of community-based systems of care for Iowa's children/youth

Practice System Level: Specialized Health Home

Community System Level: Local Innovation Zones Systems of Care: community health teams; community preparedness; health neighborhoods

State Systems Level: Iowa Children's "Cabinet:" Shared resources; health information technology; payment reforms; evaluation